SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, ININIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (9)M22037 BARJON SUPPLY, INC. Principal Place of Business Mailing Address 3343 N.W. 69TH CT. 3343 N.W. 69TH CT. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3a. Date of Last Report 3. Date Incorporated or Qualified 08/15/1995 10/16/1985 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2587427 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zip Country Yes No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BURKE, JOHN J. JR Street Address (P.O. Box Number is Not Acceptable) 3343 N.W. 69TH CT. 82 FT. LAUDERDALE FL 33309 83 85 Zip Code 84 City FL 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required which reinstating) Signature, typed or printed name of registered a tent and tolk of applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13 12. Change Addition DELETE 1.1 DOLE TITLE CR2E034 BURKE, JOHN J. JR 1.2 NAME NAME 3343 N.W. 69TH CT. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TUTLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 31 TIFLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 4 1 11TLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ____ Change ____ Addition DELETE 5 1 THLE TITLE NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CiTY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental agricult report is true and accurate and that my signiature shall have the same legal effect as if made under oath, that I arm an officer or director of the corporation or the processor of vusies empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 13 or an absorbing training address.

SIGNATURE:

SIGNATURE AND TYPED OF PRAITED NAME